



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Sheridan, WY 82801

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Sheridan VA Medical Center
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MATCH Number: 221411

Accreditation Status: The doctoral internship at the Sheridan VAMC is a full-time (52-week 2,080 hours) rurally-focused psychology internship training program that has been funded by the Veteran Health Administration's Office of Academic Affairs. As a newly funded training program, we are not yet accredited by the Commission on Accreditation of the American Psychological Association. However, we have been a member of APPIC since 2012 and are actively pursuing APA accreditation. Our plan is to submit a self-study to APA during the fall of 2015, with the goal of obtaining a site visit during the spring of 2016. *Please note: In the interim, graduates of our internship training program will be eligible for employment as psychologists within the Department of Veterans Affairs just as graduates from APA-accredited internship training programs are.*

The Training Setting



The Sheridan VA Medical Center (also known as Fort Mackenzie) is on the National Register of Historic Places. In 1898 the grounds that are now the Sheridan VAMC were set aside by President William McKinley as a military fort. The fort was named after Brigadier General Ranald Slidell Mackenzie. The first troops in 1901 were from the Army's 25th Infantry regiment, one of the all-black regiments referred to as "Buffalo Soldiers." By World War I, the fort was closed and readied for demolition. After leaving office, however, former President Taft was appointed to the Supreme Court and transferred the fort to the Bureau of Health as a hospital for men coming home from World War I with battle fatigue or what is known today as posttraumatic stress disorder. Our hospital opened in April of 1922 as a 300 bed facility. By the end of World War II we had 900 beds. Today the Sheridan VAMC has 208 beds and serves nearly 12,000 veterans annually, and we are the tertiary mental health facility for the Rocky Mountain region (VISN 19). VISN 19 is the largest geographic area in the 48 contiguous states, serving veterans from Utah, Wyoming, Colorado, most of Montana, and portions of Idaho, Kansas, Nebraska, Nevada and the Dakotas.

One-hundred and thirty-five of the Sheridan VAMC's 208 beds are devoted primarily to mental health care. Our mental health service line is currently comprised of 8 psychologists, 1 psychology technician, 6 psychiatrists, 2 psychiatric nurse practitioners, 16 social workers, and a number of psychiatric nurses, RNs, LPNs, physician assistants, and addiction therapists. We have ambulatory and primary care units (23 beds); acute and sub-acute inpatient psychiatric units (50 beds); a Mental Health Residential Rehabilitation and Treatment Program (MHR RTP) for veterans with tracks for PTSD, substance abuse, and co-occurring disorders (40 beds), Domiciliary Care for Homeless Veterans (45 beds), long-term Community Living Center (50 beds), and outpatient clinic. As a rural hospital, we have been able to greatly increase access to care by utilizing state-of-the art video conferencing for remote mental health consultations and treatment. Last year, we provided over 2,000 tele-mental health appointments. We are committed to interdisciplinary care and have integrated psychology services into acute and outpatient primary care, the community living center, home-based primary care, and hospice and palliative care. We also serve a highly diverse psychiatric population; virtually every diagnosis in the DSM-5 is treated here. The majority of our patients are from rural areas and of lower socioeconomic status. While most of our patients are Caucasian, we are in close proximity to a number of Native American reservations and provide treatment to many Native American veterans. African-American and Hispanic veterans are also treated. We have served an increasing number of women veterans, and considerably increased our programming for women in the past decade. Interns have the opportunity to work with veterans from various religious and cultural backgrounds and sexual orientations. The average length of stay for our acute psychiatric inpatient unit is 10 days; for our sub-acute psychiatric units it is 31 days; for our residential units it is 78 days; and for our domiciliary it is 116 days. Our average daily census for 2011 was 180 patients. During fiscal year 2011, 560 psychiatric inpatients were treated, 414 patients went through our MHR RTP and DCHV programs, and 3,242 mental health patients were treated through the Sheridan VAMC and six Community-Based Outpatient Clinics located throughout Wyoming.

The internship training program is located within the Sheridan VAMC's mental health service. Psychology plays an integral role at the Sheridan VAMC, providing assessment, consultation, and a wide range of psychological interventions and treatment modalities throughout the hospital. While our internship program is only 3-years old, the Sheridan VAMC has offered practicum training to students in the University of Wyoming's Ph.D. program in clinical psychology for over 40 years.

Training Model and Philosophy

Training Program Mission Statement: The mission of the Sheridan VA internship training program is to provide 2 interns each year with a rigorous yet supportive training environment designed to help them develop the knowledge, skills and abilities necessary to enter the professional practice of psychology. We are particularly interested in developing psychologists who have an interest in working with veterans in underserved rural areas since men and women from these areas tend to be over-represented in the armed forces. Psychologists working in rural areas need to be generalists to a large degree so a major goal of our program will be to produce psychologists with a generalist perspective. We utilize interdisciplinary training and care models and teach interns about state-of-the-art rural healthcare delivery and the unique challenges associated with rural healthcare. While assessment and intervention have historically been the cornerstones of psychological practice, we believe that experience and training in consultation, supervision, and program development and evaluation are also important. We are committed to

providing training that is sensitive to individual differences and diversity. Interns will work reasonable hours, and be treated as junior colleagues.

Training Model and Philosophy: Our training program will be based on the scholar-practitioner model. Good clinical practice needs to be influenced by the science of psychology and vice versa. We emphasize evidence based psychotherapies and best practices while acknowledging the complexities of patients and the multitude of variables that must be contended with in clinical settings. Effective clinical practice is built on knowledge of the theoretical and empirical literatures, critical thinking, and self-reflection. We train interns to implement and promote established, efficacious treatments and encourage them to draw upon theoretical and empirical literature to enhance the development of their professional skills.

Methodology: The training approach is developmental. Interns will move from close supervision, mentorship and intensive instruction to relatively autonomous functioning. Competencies will be developed through gradated supervised clinical experiences in a variety of treatment settings and programs over the course of the internship year. These will be discussed in detail in the *Rotation Structure* section below. Didactic seminars, grand rounds, case conferences, workshops, and interdisciplinary treatment team meetings will augment direct clinical experience. This combination of clinical experience, supervision, and didactic experience will be structured in such a way as to prepare interns to take increasing responsibility for treatment decisions as their knowledge and skill levels increase. Interns will receive training in Cognitive Processing Therapy and Prolonged Exposure for PTSD, Cognitive-Behavioral and Acceptance and Commitment therapies for a wide array of anxiety and mood disorders, and Social Skills Training for serious mental illness. EBPs will be taught by VA-trained practitioners, and interns will be supervised by clinicians trained and experienced in those EBPs. The internship program will also offer training in other psychotherapies with solid empirical support: Interpersonal Psychotherapy for depression, Seeking Safety for co-occurring PTSD and substance-use disorders, Time-Limited Dynamic Therapy for a range of anxiety, depressive, substance abuse and somatoform disorders, Dialectical Behavior Therapy and Transference-Focused Therapy for severe personality disorders, and integrative approaches for veterans with complex co-morbidities.

Training Program Goals and Competencies

The Sheridan VAMC's psychology internship training program is designed for interns to develop the knowledge, skills and abilities to enter the professional practice of psychology with goals, objectives, and competencies that are consistent with APA accreditation requirements:

Goal # 1: Entry level competence in psychological assessment, diagnosis, conceptualization, and report writing.
Objective(s) for Goal # 1: At the completion of training, interns should be able to appropriately assess, diagnose, conceptualize, and communicate important clinical findings across a broad range of patients, including those with complex presentations and co-morbidities. Selection of assessment instruments and evaluation methods should be appropriate to the clinical needs of the patient and treatment setting, and responsive to the needs of other healthcare professionals.

Assessment should be practiced with an awareness of current cultural and ethical standards.
<p>Competencies expected:</p> <ul style="list-style-type: none"> - Diagnostic interviewing skills. - Differential diagnostic skills and knowledge of DSM-5. - Selection of appropriate psychological tests for assessment. - Administration and scoring of psychometric tests. - Interpretation of psychological test data. - Evaluates suicidal concerns and potential for violence when appropriate. - Understands effects of medical conditions and medications on mental functioning. - Demonstrates knowledge of developmental factors and brain-behavior relationships. - Integrates behavioral observations, historical data, medical records, and other non-test based information. - Clarity and conciseness of report writing. - Case formulation skills. - Quality and appropriateness of recommendations. - Ability to communicate results to patients, family members, and referral sources. - Demonstrates awareness of, and appropriately accesses, current literature, research and theory in assessment.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Attend year-long Assessment Seminar where a variety of neurocognitive, personality, and specialized diagnostic instruments (e.g. the CAPS for PTSD) will be covered. - Interns will complete a minimum of 10 psychological evaluations during the course of the training year and become competent in neurocognitive, personality, and diagnostic assessment. - All reports will include DSM-5 diagnoses, formulations, and recommendations. - All assigned assessments will be supervised by a licensed psychologist. - Weekly outpatient diagnostic intake evaluations through the mental health assessment and referral clinic. - Interns will participate in interdisciplinary treatment teams during their major rotations where differential diagnoses and treatment plans will regularly be discussed.

Goal #2: Entry level competence in psychological interventions.
<p>Objective(s) for Goal # 2: At the completion of training, interns should demonstrate the ability to work effectively with a wide range of presenting problems and treatment concerns, in a variety of treatment settings, and provide appropriate interventions. Interns are exposed to a variety of theoretical orientations, supervisors, and treatment modalities, with an emphasis placed on evidence based psychotherapies.</p>
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Formulates a useful case conceptualization from a theoretical perspective. - Ability to establish and maintain therapeutic alliance. - Ability to recognize and respond appropriately to patient crises. - Utilizes flexible and effective intervention strategies. - Maintains professional boundaries.

<ul style="list-style-type: none"> - Able to identify and manage transference and countertransference effectively. - Able to work effectively with resistance. - Demonstrates awareness of personal issues that might interfere with therapy and takes appropriate steps to address them as necessary. - Creates appropriate and effective treatment plans. - Monitors and documents patient progress during therapy. - Works effectively with other professionals.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - An effort will be made to assign each intern a diverse caseload so there is an opportunity to work with veterans in different areas of the hospital, and veterans with different mental disorders, ages, genders, races, ethnicities, religions, sexual orientations, cultural backgrounds, and socioeconomic status. Each intern will have major six-month long rotations in inpatient psychiatry, residential and rehabilitation treatment. - Each intern will have a mandatory 6-month minor rotation in primary care psychology, a mandatory 3-month minor rotation in outpatient mental health, and the opportunity to pursue training in a chosen area of interest through a 3-month elective minor rotation. - Each intern will co-facilitate several different groups over the course of the year in different treatment programs (e.g. social skills and symptom management groups on the inpatient unit, PTSD and Substance Use Disorder groups on the residential unit or domiciliary, outpatient serious mental illness group). - Minimum of 2 hours per week of individual supervision in major rotations and 1 hour per week in minor rotations. - Case conference in which interns take turns presenting process notes from individual psychotherapy cases, improve skills in differential diagnosis, case conceptualization and treatment planning, regularly examine ethical and multicultural issues, and receive group supervision from a psychologist. - Attend year-long Psychotherapy Seminar in which a wide range of therapeutic approaches are covered with an emphasis on evidence based psychotherapies and empirically supported treatments.

Goal #3: Entry level competence in consultation
Objective(s) for Goal #3: At the completion of training, interns will be able to provide referral sources, colleagues, trainees and professionals from other disciplines with diagnostic and treatment information based upon clinical data, psychological theory, and empirical research.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Determines and clarifies referral issues. - Selects appropriate assessment instruments and/or evaluation methods, or implements appropriate intervention strategies. - Quickly and accurately translates complex biopsychosocial issues in a manner that addresses the referral question(s).

<ul style="list-style-type: none"> - Effectively communicates assessment or intervention results to team, referral source, patient and/or family members. - Completes consults within a reasonable timeframe. - Works effectively with interdisciplinary treatment team.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Observe psychology staff performing tele-mental health consultations via compressed video conferencing with the goal of having interns conducting supervised diagnostic evaluations with recommendations and referrals. - Interns will be assigned a wide range of psychology consultation requests from psychiatrists, physicians, nurses, social workers, addiction therapists and other healthcare providers throughout the hospital. These will be completed with guidance from a psychologist. - Primary Care Psychology seminar will devote a number of sessions to consultation. - Address consultation questions that arise during individual supervision.

<p>Goal #4: Competence in Scholarly Inquiry</p>
<p>Objective(s) for Goal #4: By the end of the training year, interns will become skilled in the application of scientific reasoning for clinical problems, recognizing how to apply research findings and psychological theories to the practice of clinical psychology.</p>
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Demonstrates awareness of, and appropriately accesses, empirical literature, research and psychological theories for clinical assignments. - Generates independent scholarly hypotheses. - Independently integrates science and practice. - Provides quality oral presentations. - Demonstrates independent, critical thinking in clinical endeavors. - Applies scientific methods of evaluating practices, interventions and programs.
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Receive performance evaluations every 3 months as part of ongoing supervision. - Use supervision and treatment team meetings to review treatment decisions and evaluate efficacy. - Interns will be encouraged to participate in outcome evaluations of different treatment programs when opportunities exist. - For their Clinical Research Projects, interns choose a rural mental health topic of interest to them and write a 10-15 page paper which integrates clinical, empirical and theoretical findings. The paper is then presented to the psychology department at the end of the training year. - Attend seminars, conferences, grand rounds, and workshops that discuss relevant research findings. - Review applicable research articles provided in seminars and supervision. - Access relevant journal articles and books through the VA's library and various

on-line data bases and internet resources.

- Interns may devote up to two hours each week toward completion of their dissertation research.
- Interns may take paid time off for dissertation related meetings.
- Dissertation progress is discussed in the monthly intern meeting.

Goal #5: Entry level competence in Ethics and Sensitivity to Diversity

Objective(s) for Goal #5: Interns will demonstrate knowledge of the APA ethics code and behave in a manner that is consistent with professional standards and ethical guidelines. They will demonstrate sensitivity to issues of cultural and individual diversity.

Competencies Expected:

- Overall awareness of APA Ethical Principles of Psychologists and Code of Conduct.
- General ability to think about ethical issues that arise in professional activities.
- Overall behavior is consistent with APA ethical guidelines.
- Awareness of, and adherence to, APA ethical guidelines in assessment.
- Awareness of, and adherence to, APA ethical guidelines in psychological interventions.
- Awareness of, and adherence to, APA ethical guidelines in consultation.
- Awareness of, and adherence to, APA ethical guidelines related to scholarly inquiry.
- Awareness of, and adherence to, APA ethical guidelines related to supervision.
- Demonstrates sensitivity to issues of ethnicity, culture, age, gender, disability, sexual orientation, and religion.

Relevant Activities:

- Review APA Ethics Code during the Psychotherapy Seminar.
- Ethical issues will be regularly attended to and addressed in supervision, didactic seminars, case conferences, and treatment team meetings.
- Ongoing psychoeducation about managing multiple relationships in rural communities.
- Year-long intensive clinical experience serving veterans in a rural community.
- Interns will be assigned patients of various ethnic and cultural backgrounds, and different ages, gender, religious backgrounds, and sexual orientations.
- Interns will be assigned patients with a wide range of mental health diagnoses.
- Diversity issues will be regularly addressed in supervision and the weekly case conference, and multicultural presentations are frequently part of grand rounds.
- Attend didactics on rural healthcare and rural veteran populations.
- Regularly attend to diversity issues when doing assessments, providing case formulations, and writing treatment plans.
- Become knowledgeable with the full array of rural mental healthcare delivery systems offered by the Sheridan VAMC.

Goal #6: Entry level competence in Supervision.
Objective(s) for Goal# 6: Interns will develop knowledge and skills in supervision.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Makes good use of supervision. - Receptive to guidance and constructive feedback. - Effectively implements supervisor feedback. - Learning generalizes. - Effectively deals with ethical issues in supervision. - Sensitive to issues of cultural and individual diversity. - Creates safe atmosphere for supervision of practicum students. - Provides practicum student with constructive feedback and appropriate guidance in supervision. - Effectively deals with ethical issues inn supervision (including boundary issues).
<p>Relevant Activities:</p> <ul style="list-style-type: none"> - Participate in year-long individual and group supervision. - Participate in weekly case conference. - Attend supervision seminar during the second half of the year. - Interns will be exposed to a variety of supervision styles by working with 4-6 different supervisors over the course of the training year. - Interns provide supervised supervision of University of Wyoming practicum students when practicum students are on location.

Goal #7: Entry level competence in Professionalism and Identity.
Objective(s) for Goal #7: Interns will consistently demonstrate professional and ethical behavior and acquire knowledge and values central to the practice of psychology (e.g. integrating science and practice). They will also consolidate professional identities, including an awareness of their strengths and weaknesses, and arrive at realistic professional goals.
<p>Competencies Expected:</p> <ul style="list-style-type: none"> - Demonstrates professional demeanor and behavior across settings and situations. - Recognizes how personal characteristics impact clinical work and responds appropriately. - Has realistic understanding of strengths and weaknesses as a psychologist. - Has a well-integrated sense of self as a psychologist. - Is respectful toward others and capably handles challenging interpersonal situations. - Communicates effectively orally and in writing. - Is accountable, dependable and responsible. - Completes assignments and documentation in a thorough and timely manner. - Demonstrates integrity. - Shows initiative. - Adaptively copes with stress and adversity.

<ul style="list-style-type: none"> - Consistently exercises good professional judgment. - Actively participates in seminars and interdisciplinary treatment team meetings. - Demonstrates self-reflection in the context of professional practice. - Self-monitors issues related to self-care and takes appropriate action as necessary. - Behavior reflects the attitudes and values of psychology. - Possesses realistic career plans.
<p>Relevant activities:</p> <ul style="list-style-type: none"> - Demonstrate ability to work collaboratively with others and communicate effectively both verbally and in writing. - Year-long participation with interdisciplinary treatment teams. Collaboration with others and effective communication will be attended to in ongoing weekly supervision and intern performance evaluations. - Use supervision to discuss and work towards professional development goals and to receive feedback on professionalism and clinical style. - Ongoing participation in clinical meetings. - Use monthly intern meeting to discuss and work towards professional development goals, including finding post-doctoral positions. - Opportunity to pursue specialty training in an area of particular interest via major and minor rotations, including one elective rotation.

Program Structure and Training Experiences: Our training program has been designed to provide breadth of training while still allowing for more in-depth learning in an area in which an intern has a particular interest. Each intern will participate in mandatory major 6-month inpatient psychiatry and residential and rehabilitation treatment rotations, a mandatory 6-month primary care psychology minor rotation, 3-month outpatient mental health clinic minor rotation, and a 3-month elective minor rotation. Interns will spend approximately 4 days per week at each major rotation setting, and 1 day per week at their minor rotation settings.

Major Rotations

6-Month Mandatory Inpatient Psychiatry Rotation: The acute component of the inpatient rotation involves crisis stabilization, diagnostic evaluation, risk assessments, psychopharmacological interventions, psychological assessment, daily interdisciplinary team rounds, individual and group therapy, and treatment and discharge planning. Interdisciplinary treatment teams are composed of a psychiatrist, psychologist, social worker, pharmacist, dietitian, and nursing staff. The sub-acute component of the inpatient psychiatric rotation involves diagnostic evaluations, psychopharmacological interventions, psychological assessment, interdisciplinary team rounds, individual and group psychotherapy, and treatment and discharge planning. The inpatient psychiatry rotation is supervised by Dr. Vivianne Tran.

6-Month Mental Health Residential and Rehabilitation Treatment Program Rotation: The residential treatment program has tracks for PTSD, PTSD and Co-occurring Disorders (PCOD), Substance Abuse Disorders (SA), and Co-Occurring Disorders (COD) other than PTSD.

Residential treatment program tracks typically last 6-12 weeks. This rotation involves multidisciplinary diagnostic evaluations and treatment planning, assessment for PTSD (using the CAPS and MMPI-2), individual therapy (Cognitive Processing Therapy and Prolonged Exposure), various psycho-educational groups, psychopharmacological interventions, case management, recreational therapy (such as equine therapy), and treatment and discharge planning. Interns on this rotation are supervised by Dr. Annette Kennedy and will be expected to develop competencies in the assessment and treatment of PTSD and substance use disorders. The Domiciliary for Homeless Veterans (DCHV) is also part of the MHR RTP. Veterans may stay at DCHV for up to a year so there are ample opportunities to provide long-term psychotherapy.

Minor Rotations

Mandatory 6-Month Primary Care Psychology Rotation: This rotation will be beneficial to any general psychological practitioner, and of particular use to those planning to work in rural areas where they will necessarily have to collaborate with a variety of health care practitioners. It will also assist the intern who plans to work in a primary care, hospital, or health psychology setting. The rotation includes a one hour weekly didactic meeting with various hospital staff addressing topics in clinical medicine, psychosomatic medicine, and selected conditions that have important behavioral and psychological facets (e.g. diabetes, heart disease, thyroid dysfunction, chronic pain, dementia). Working with a psychologist, the intern will develop the ability to communicate and collaborate with non-psychiatric practitioners and clinicians in assessment and evaluation and treatment interventions with persons who have a variety of conditions that either affect or are affected by mental disorders. During the 6-month primary care psychology minor rotation, interns spend 3-months as members of an interdisciplinary pain clinic, involved in complex evaluations, and 3-months on our geriatric unit working with elderly veterans. The pain clinic rotation is supervised by Dr. Seth Tippin, and the geropsychology rotation is supervised by Dr. Robin Lipke.

Mandatory 3-Month Outpatient Mental Health Clinic Rotation: Interns spend one day per week working in the outpatient mental health clinic under the supervision of Dr. Barbara Ziegler. Interns have the opportunity to work with local veterans for a wide range of diagnoses and to do telemental health with veterans seeking service through our community based outpatient clinics located strategically throughout Wyoming.

Elective 3-Month Minor Rotation: Elective minor rotations allow interns to broaden their clinical knowledge and skills while developing specific areas of interest. Elective minor rotations offered include: more in-depth experience in a minor rotation; advanced neurocognitive assessment; or a specialty individual psychotherapy option. For those opting for the specialty individual psychotherapy option, the emphasis will be on empirically supported cognitive-behavioral and psychodynamic psychotherapies. The Training Director will work with interns to try to ensure they have the opportunity to deepen their chosen theoretical orientation and develop their therapy skills in areas of particular interest (e.g. the treatment of military sexual trauma, combat trauma, severe personality disorders, complex co-occurring disorders). There is some flexibility to this elective rotation and we have occasionally had interns opt to become involved with projects such as program development and evaluation. Minor rotations will consist of clinical experience, and assigned readings and supervision with a psychologist with expertise in the chosen area of interest.

In addition to their major and minor rotations, each intern will be assigned a weekly outpatient diagnostic evaluation which may be conducted face-to-face with veterans at the medical center or via compressed video with patients in one of our five community based outpatient clinics through the Mental Health Assessment and Referral Clinic (MHARC). Interns will be also be assigned a range of psychological consults from all areas of the hospital, and a broad array of neurocognitive, personality, and PTSD assessments over the course of the year.

Supervision: Supervision will be provided from multiple theoretical perspectives, and the case conference will offer an ongoing opportunity for interns to integrate the training they receive into a coherent clinical framework. Each intern will receive a minimum of 2 hours of individual supervision per week in each major rotation, and 1 hour per week from their minor rotation supervisor. All assessments will be supervised by a psychologist. Interns will meet regularly with the licensed clinician with whom they co-lead groups, and the weekly case conference will be led by psychologist. While our internship training program espouses no single theoretical orientation, we do require that all interns become thoughtful and knowledgeable about the evolution of their own professional identity and that they be able to fully conceptualize their own clinical decisions.

Seminars. Interns attend a variety of seminars to increase their clinical knowledge and skills, and facilitate professional development.

Assessment Seminar (1 hour per week, yearlong): This seminar focuses on training with a variety of neurocognitive (e.g. WAIS-IV, WMS-IV, symbol digit modalities, Trails), personality (MMPI-2, MCMI-3, PAI), and diagnosis-specific measures (e.g. CAPS for PTSD) to assess a wide range of neuropsychiatric conditions including dementia, traumatic brain injury, anxiety, mood, psychotic, and personality disorders. Emphasis is placed on test selection, administration, interpretation, and integrative report writing. Clinical interview and mental status examination are also covered.

Psychotherapy Seminar (1 hour per week, yearlong): The Psychotherapy seminar covers a range of mental disorders and psychotherapeutic approaches with the emphasis being on evidence based psychotherapies. Interns will receive training in Cognitive Processing Therapy and Prolonged Exposure for PTSD, Cognitive-Behavioral and Acceptance and Commitment therapies for a wide array of anxiety and mood disorders, and Social Skills Training for serious mental illness. This seminar will also cover other psychotherapies with solid empirical support (e.g. Interpersonal Psychotherapy; Time-Limited Dynamic Therapy, and Dialectical Behavior Therapy).

Primary Care Psychology Seminar (1 hour per week, July thru December): This seminar will focus on assessing and treating psychophysiological disorders and axis III conditions that include some psychological symptoms or even present as psychological disturbances and necessitate full differential diagnoses. Interns will learn about facilitating appropriate referrals, developing referral questions, collaborating with various health discipline practitioners, and obtain a basic understanding of diagnostic methods.

Case Conference: (1 hour per week, yearlong): Case conference is a central aspect of the training experience. Interns meet weekly with 2-3 different psychologists. They take turns presenting individual therapy cases, discuss particularly complex and interesting cases, review

assessment data, hone case conceptualization skills, address ethical dilemmas and diversity considerations, enhance their theoretical understanding of the therapeutic process, and sharpen their technical skills.

Intern Seminar: (1 hour per month, yearlong). Interns meet regularly with the Training Director to talk about how the internship is progressing, exchange information, and receive support and guidance in negotiating the various challenges associated with internship. Professional development is emphasized. Guest speakers and psychology staff members dialogue with interns about the pros and cons of various career paths. Staff who have recently taken the EPPP talk about how to prepare for, and successfully pass, the licensing exam. Support is provided in helping interns obtain post-doctoral fellowships or entry level psychology staff positions.

Supervision Seminar: (1 hour per month, January through June). This seminar is designed to help interns make the transition from supervisee to supervisor. Led by a psychologist, this seminar includes readings on different models of supervision, and discussion of the supervisory process. Interns are given the opportunity to discuss current cases with one another and begin thinking about the clinical material from the perspective of supervisor. Interns have the opportunity to provide supervised supervision to practicum students from the University of Wyoming's Ph.D. program in clinical psychology when they are on location during the summer.

Grand Rounds (1 hour per week, yearlong): Grand Rounds is optional, but highly recommended. A wide range of mental health topics are covered by clinical staff throughout the hospital such as understanding military culture; depression, delirium and dementia; suicidality, crisis intervention; managing aggressive behavior; psychopharmacology; military sexual trauma; homeless veteran programs, recovery models, and treatment considerations with Native American veterans.

Percentage of Time Engaged in Direct Clinical Services: At least 25% of each intern's time is spent providing direct psychological services to patients. On average this amounts to 10-15 hours per week, but there is some variation between rotations and their will be busier times during the internship where interns may end up spending closer to 20-hours per week providing direct care.

Requirements for Completion: In order to remain in good standing, interns are required to make progress toward competencies in all domains (see *Training Program Goals, Objectives and Competencies* above); utilize supervision for professional growth and achievement of competencies; attend and participate in all seminars and didactics; complete all assigned readings; consistently demonstrate ethical and professional behavior; complete a minimum of 10 psychological assessments; and demonstrate the ability to work effectively with others. Every three months interns will undergo performance evaluations. Supervisors will discuss and assess competence levels in all domains using the following descriptions:

- A Advanced skills comparable to autonomous practice at the licensure level.
- HI High intermediate skills. Occasional supervision needed.
- I Intermediate skills. Should remain a focus of supervision.
- B Basic level skills. Intensive supervision needed.
- R Remedial skills. Remediation plan necessary.

By the end of the training year, interns are expected to achieve ratings at the high intermediate (HI) or advanced (A) level on at least eighty percent of competencies with no ratings at the remedial (R) level. While interns receive the letter descriptor on their performance evaluations (e.g. A, HI, I, B or R), these are converted, for purposes of outcome evaluation, to numerical values in a Likert scale with A = 5, HI = 4, I = 3, B=2, and R = 1.

Facility and Training Resources: Interns will be provided with an office (in close proximity to licensed staff psychologists), telephone, computer, and other office supplies that they might require. There are four administrative assistants with the mental health service who will be available to provide support. The medical center provides state-of-the-art computer resources, internet access, and access to IT personnel. Interns will have personal computers in their offices with access to the VA's Computerized Patient Record System, electronic mail, internet resources, and VA Intranet. They will have access to all testing materials, protocols and scoring programs for psychological assessments. We also have two psychology technicians who administer and score a wide range of psychological tests. While many of the buildings at the Sheridan VAMC are old, they are beautifully designed and well-maintained and the interior décor and infrastructure have been updated and modernized. A brand new building was completed for our residential treatment programs in 2013. The medical center library contains a good number of mental health books and periodicals, and interns have access to full-time library support and a wide range of material through interlibrary loan programs. They also have access to a wide range of psychological and psychiatric on-line databases with full text articles.

Stipends and Benefits

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, stipends range from \$23,974 to \$26,704 annually.

Benefits: Internship appointments are for 2080 hours, which is full time for a one year period. The Sheridan VAMC's internship begins on or about the first business day in July. VA interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees.

Holidays and Leave: Interns receive the 10 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Authorized absence may be given for participation in professional psychology conferences, dissertation defense, and job interviews with any federal agency.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Administrative Policies and Procedures

Privacy Policy: We collect no personal information from you when you visit our website.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

Intern Evaluation: During orientation, performance expectations and the performance evaluation process will be discussed in detail. Due process and grievance procedures will be provided to interns in writing. Throughout the year, interns will receive informal feedback from supervisors, instructors, and interdisciplinary treatment team members on an ongoing basis. Formal proximal training outcomes will be assessed every three months by supervisor ratings of behaviorally-anchored and observable performance ratings measuring goals, objectives, and competencies rooted in APA benchmarks, and intern-specific goals and objectives agreed upon by their supervisors and the training director. Substandard performance will result in corrective feedback, including the option of a remediation plan. If that is unsuccessful, interns may be placed on formal probationary status. Interns will be encouraged to discuss concerns they have about the training program as they arise with their supervisors and with the internship training director. Significant concerns will be discussed and addressed during training committee meetings. If there has been ongoing dialogue between supervisor and intern during the course of the evaluation period, the supervisor's ratings and comments should come as no surprise. Nevertheless, on rare occasions, an intern may object to some aspect of his or her evaluation. Negotiation between supervisor and intern will most often resolve these conflicts. Where that is not possible, and the supervisor is unwilling to change his or her comments, the intern will be asked to sign the evaluation and submit an addendum to the report specifying the nature of the disagreement. This addendum will be reviewed by the Training Director and Training Committee. If the concern is something that will be forwarded to the intern's graduate program the intern can include a statement to accompany the formal evaluation.

Due Process for Problematic Intern Behavior or Performance

Problem Identification and Resolution: Problems in intern performance may include, but are not limited to: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire the clinical skills and knowledge necessary to reach an acceptable level of competency, 3) an inability to control personal stress or excessive emotional reactions which interfere with professional functioning, 4) repeated non-adherence to the rules and regulations of the training program and the VA Medical Center, 5) violation of APA or VHA professional or ethical standards, or 6) violation of state or federal law. If the identified problem does not change as a result of feedback, remediation, efforts or time, or is of a sufficiently serious nature, an intern may fail a specific rotation, the entire internship, or may be terminated from the program prior to completion. It is expected that these will be highly unusual events.

Due Process: Whenever a supervisor becomes aware of an intern problem area or deficiency that is not resolved by usual supervisory support and intervention, it should be brought to the attention of the Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Training Director will then meet with the Psychology Training Committee and a determination will be made as to whether the problem is sufficient to constitute 'Problematic Status' which implies possible termination from the internship. 'Problematic Status' is usually characterized by one of more of the following: 1) the trainee does not acknowledge, understand, or address the problem when it is identified, 2) the

problem is not merely a reflection of a skill deficit which can be rectified by didactic training, 3) the quality of psychological services delivered by the intern is significantly negative, 4) the problem is not restricted to one area of professional functioning, 4) a disproportionate amount of attention by training personnel is required, 5) the problem behavior involves a serious ethical, legal, or policy violation, and/or 6) the trainee's behavior does not change as a result of feedback, remediation, efforts and/or time. A determination about "Probematic Status" will be made after a thorough review of the intern's performance, and one or more meetings with the intern to hear his or her point of view. If the intern is placed on "Problematic Status", a further decision is made by majority vote of the Psychology Training Committee to either construct a remedial plan which, if not successfully completed, would be grounds for termination; or, initiate the termination procedure. In accordance with the Guidelines for Communication between Doctoral Programs and Internship developed by APPIC and the Council of Chairs of Training Councils (CCTC), the faculty contact of the intern's graduate program will be informed when "significant problems arise that are not readily resolvable at the internship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration of the intern's program." The communication will be done in a timely manner and written record will be kept of the communications, and ongoing contact will be maintained until the problem is resolved.

Remediation plans will generally include, but are not limited to: increased supervision with the same supervisor or a different supervisor, specific readings and seminars, recommendation of personal therapy at the intern's expense, or reduction of the intern's clinical duties. The corrective plan will be based on input from the intern, relevant supervisor(s), Training Director, Psychology Training Committee, and faculty representative from the intern's graduate program. The relevant supervisor(s) will report to the Training Director regarding the progress of the remediation problem.

Formal actions that accompany "Problematic Status" include but are not limited to:

- 1) Probation. An intern who fails to meet or make satisfactory progress toward fulfilling the general expectations of the internship may be placed on probation. While on probation, the intern will operate under a remediation program for a specified period of time. At the end of that time, the intern will be re-evaluated by the Training Director to see if further remediation is needed and there is cause to believe the intern may benefit from same.
- 2) Suspension of Clinical Duties: An intern who is charged with a violation of the APA ethics code, state or federal laws, or VA policies, may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification of the intern in writing. Notification will include the reason(s) for suspension. A remediation program may also be developed along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Training Director and Psychology Training Committee will determine if the suspension should be lifted, continued, or other action should be taken.
- 3) Notification of Academic Program: In the event an intern is placed on "Probationary Status", the Training Director will notify the intern's academic program about the nature of the problem and, if relevant, the remediation plan. The intern will be asked to sign the document and will be able to add his/her own statement. A copy of this notification will be provided to the intern and placed in the intern's training record file.
- 4) Termination of the intern from the training program.

Procedures for Termination and Appeal:

- 1) Termination: The intern will be given an opportunity to present arguments against termination at a special meeting of the Psychology Training Committee. Direct participation by the academic program's Director of Clinical Training, or a suitable delegate, will be sought via conference call.
- 2) Appeal: Should the Psychology Training Committee recommend termination, the intern may appeal to the Associate Chief of Staff of Mental Health (ACOS). The ACOS will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures

It is the goal of the Sheridan VAMC's Psychology Internship Training Program to provide an environment that lends itself to congenial and professional interactions between staff and interns based on mutual respect. However, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to make sure the grievance is resolved in a clear, timely, practical and responsible manner. Cause for grievance could include exploitation, sexual harassment or discrimination, religious harassment or discrimination, racial harassment or discrimination, capricious treatment or unfair evaluation criteria, and inappropriate or inadequate supervision and training. Grievances will be addressed in the following steps:

- 1) The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual, or seeking out a sympathetic third person willing to act as intermediary. When the grievance involves a psychologist, the intern should notify the Training Director, even if the issue is resolved.
- 2) In a situation in which it may be too difficult for the intern to speak directly with the individual, the Training Director should be involved to seek informal resolution of the matter.
- 3) If the steps taken above fail to resolve the matter adequately, the intern can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try to resolve it. The Training Director has the responsibility to investigate the grievance, and will involve the Psychology Training Committee. In most instances the Training Director and Training Committee will decide how to resolve the matter.
- 4) If the grievance is against the Training Director, the Associate Chief of Staff of Mental Health will designate a member of the Psychology Training Committee to undertake the investigation and report findings back to that office.

If the intern is not satisfied with the decision of the Training Director and Training Committee, the matter can be appealed to the Associate Chief of Staff of Mental Health who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order

to render a decision.

Applicant Qualifications and Selection Procedures

Qualifications and Selection Criteria: Applicants must be in good standing in APA-accredited doctoral programs in clinical or counseling psychology. It is expected that applicants will have completed all their graduate coursework accumulated a minimum of 1,000 doctoral level practicum hours with at least 500 direct clinical hours, passed comprehensive examinations and, at minimum, completed their dissertation proposal prior to the start of internship. As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates regardless of gender, age, racial, ethnic, sexual orientation, disability, or other minority status. We value applicants with a wide range of backgrounds and experiences. Interview preference will be given to candidates who have strong academic and clinical backgrounds; interest in a generalist, interdisciplinary training experience consistent with the Scholar-Practitioner model, and a demonstrated interest in rural mental health and serving veterans. All applications will be reviewed and qualified candidates deemed to be a good fit for our program will be contacted for telephone interviews. According to VA policy, internship funding can be provided only to students who are U.S. citizens. Male applicants must sign a Pre-Appointment Certification statement for Selective Service Registration before they are employed. VA conducts drug screenings, and employees/trainees are also subject to fingerprinting and background checks.

To Apply: Applicants should complete the most current AAPI form (available through the 'Applicant Portal' on the APPIC website [www.appic.org]) with autobiographical statement, essays about theoretical orientation, diversity, and research interests. Please also include the following materials:

- 1) A site specific cover letter describing your specific interest in our training program, and the reasons you believe you may be a good fit for our program.
- 2) A current curriculum vita.
- 3) Official graduate school transcripts.
- 4) Three letters of recommendation (one from faculty and two from clinical supervisors).
- 5) Your academic program's Verification of Internship Eligibility and Readiness form.
- 6) Letter from dissertation chair stating that your proposal has been accepted.
- 7) Confidential Psychological Assessment. Should utilize a battery of neurocognitive and personality measures. The report should include referral questions, relevant history, behavioral observations and mental status exam, test interpretation, formulation multi-axial diagnosis, and recommendations.
- 8) Confidential Psychotherapy Case Summary. Should include presenting problem, relevant history, a complete theoretical conceptualization and formulation, multi-axial diagnosis, and thorough discussion of the treatment process.

To submit an application, or obtain further information about the training program, please contact:

Barbara Ziegler, Ph.D.
Director, Psychology Internship Training Program
Sheridan VA Medical Center
1898 Fort Rd., Building 8
Sheridan, WY 82801
(307) 675-3217
Barbara.Ziegler@va.gov

Please note: Our AAPI application due date is November 30th.

This internship site agrees to abide by APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Sheridan VAMC Psychology Training Faculty

The Sheridan VA currently has 7 psychologists on staff with two individuals that are in the process of being hired, and one unfilled position.

Robert Johnson, Ph.D. is a clinical psychologist and the Chief of the Mental Health and Residential Rehabilitation Programs at the Sheridan VA Healthcare System. In 2010 he received his Ph.D. in Clinical Psychology from the University of Nebraska – Lincoln where he specialized in working with people with serious mental illness and program evaluation under the mentorship of Will Spaulding, Ph.D. As a recipient of an Individual National Research Service Award and a National Institute of Mental Health (NIMH) Predoctoral Fellow, he trained briefly at the Dartmouth Evidence-Based Practice Center and the Yale Program for Recovery and Community Health. He completed his internship at the Togus VA Medical Center and a post-doctoral residency at the Durham VA Medical Center in Psychosocial Rehabilitation and Recovery-Oriented Services. Dr. Johnson is an elected member of the American Psychological Association's Division 18 (Psychologists in Public Service). His clinical and research interests include: Serious Mental Illness, Program Development and Evaluation, Psychosocial Rehabilitation, Recovery and Recovery-Oriented services, System Transformation, and Treatment Considerations with Native Americans.

Annette Kennedy, Psy.D. is a staff psychologist with the Sheridan VAMC's Mental Health Residential Rehabilitation Treatment Program. She received her Psy.D. in Clinical Psychology from the Wright Institute in Berkeley, CA in 2002. She then completed a postdoctoral fellowship in severe mental illness and neuropsychology through the University of Washington/VA Puget Sound Health Care System. For eight years, Dr. Kennedy worked as a clinician investigator with the Mental Illness Research Education and Clinical Center (MIRECC) at the VA Puget Sound Health Care system. She served as a co-investigator and authored a variety of clinical research protocols involving the treatment of psychotic disorders, substance use disorders, and PTSD. Based upon that experience, Dr. Kennedy has published extensively on the use of antipsychotic medications for various indications. Dr. Kennedy transferred to the Sheridan VAMC in late 2011. Her clinical interests include the psychodynamically informed treatment of complex PTSD, personality disorders, and substance use disorders. Dr. Kennedy is interested in the therapeutic and peer practice of Relational Cultural Theory as a methodology for the

transformation of trauma-based neurobiologies and as a path to growth through relationship. Specifically, she is interested in the purposeful application of a relational paradigm and other culturally non-dominant ways of knowing, including somatic awareness, to the problems of psychological, interpersonal, and social disconnection and fragmentation. Working from a Relational Cultural foundation, she frequently employs Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing Theory (EMDR), and Narrative Therapy to the time-limited treatment of PTSD.

Robin Lipke, Ph.D. received her doctorate in clinical psychology from the University of Montana in 1995. Dr. Lipke is a Clinical Psychologist working within the domiciliary for homeless veterans. She provides assessment, consultation, and psychotherapy from a developmental, cognitive-behavioral, and interpersonal framework. She completed her M.A. degree in Health Psychology and has several years of experience in rural and Indian healthcare, higher education (Associate Professor of Psychology), and has worked at a university counseling center. Her professional interests include traumatic grief, complex trauma, and medical/health psychology. She was a supervisor and clinical training committee member with Fort Meade's predoctoral psychology internship training program through the VA's Black Hills Health Care System. Dr. Lipke is VA trained in CBT for insomnia.

Mark Mann, Ph.D. is the ACOS of the Sheridan VAMC's Mental Health Service line. He earned his doctorate in clinical psychology from the University of Maryland. He was a supervisor and member of the Baltimore VAMC's psychology internship training faculty prior to coming to Sheridan. His clinical and research interests are in the areas of Acceptance and Commitment Therapy.

Seth M. Tippin, Psy.D. earned his doctorate in clinical psychology from George Fox University in 2008. His primary clinical interests include cognitive testing, health psychology, consultation and liaison with interdisciplinary treatment team on our medical units, tobacco use cessation, and diabetes management. Dr. Tippin is VA trained in CBT for depression and insomnia.

Vivianne Tran, Psy.D. is a clinical psychologist on our sub-acute psychiatric inpatient units and the Local Recovery Coordinator. She earned a B.A. in Psychology with a minor in Applied Behavior Analysis from University of South Florida in Tampa, and completed her Psy.D. in Clinical Psychology from Argosy University in Tampa in 2008. Dr. Tran worked in the inpatient unit for Wyoming State Hospital from 2008-2011. Dr. Tran has training in mindfulness, meditation and Mindfulness-based Stress Reduction (MBSR). Her primary clinical interests include: stress reduction, trauma, recovery principles and mindfulness. She is VA trained in Cognitive Processing Therapy and mediation/conflict resolution.

Barbara Ziegler, Ph.D., earned her doctorate in clinical psychology from the University of Nevada- Reno in 1981. She is the Sheridan VAMC's lead psychologist and supervises the outpatient mental health rotation. She has twice been president of the Wyoming Psychological Association as well as a member of the Wyoming State Board of Psychology. She considers herself a generalist, and primarily works on an outpatient basis with veterans diagnosed with anxiety, mood and psychotic disorders. Dr. Ziegler is VA certified in Prolonged Exposure and CBT for depression.

Information about the Sheridan Area



The town of Sheridan is located in picturesque North Central Wyoming, midway between the Black Hills of South Dakota and Yellowstone National Park. Nestled at the foot of the dramatic Bighorn Mountains, Sheridan offers a wealth of recreational activities including hiking, fishing, biking, golfing, horseback riding, backpacking, rock-climbing, wildlife viewing and hunting, cross-country and downhill skiing, snowboarding and snowshoeing. Sheridan's historic downtown offers nearly a mile-long stretch of retail stores, fine restaurants, quaint coffee shops, bookstores, pubs and western style saloons, theatres, museums and art galleries. Two vintage trolleys transport visitors around town. In the summer months, outdoor concerts are performed every Tuesday evening at Kendrick Park, and polo matches are held every Sunday at the Equestrian Center. The population for Sheridan and the surrounding bedroom communities is just under 30,000. Sheridan was recently rated as the best western town in the United States. Sheridan has a community college and a small airport offering daily direct flights to Denver. The closest international airport is in Billings, Montana, an hour-and-a-half drive away. We like to think of Sheridan as Wyoming's best kept secret. For more information about our community, please check out the following websites: www.sheridanwyoming.org, www.sheridanwyomingchamber.org, and www.travel-to-wyoming.com.